

COMPLETING YOUR APPEAL FORM

FOR

**A PLACE AT A SOMERSET MAINTAINED SCHOOL
DURING THE ACADEMIC YEAR**



PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

Before completing the attached appeal form please read these notes thoroughly. If you remain unclear concerning the information requested, how to complete the form, or the deadline by which your form must be submitted, then please contact Somerset Direct on **0845 456 4038** for further help.

Your form should be completed in English. Help is available with translation and interpretation upon request to Customer Contact. You may complete your form by handwriting or type. Please endeavour to complete all fields on the form. Where a field is not relevant then please indicate this with **N/A**.

Please return your form to the School Admissions Appeals Co-ordinator at the address below. Your appeal form must be received within 6 weeks of the date of your refusal letter, however you are advised to submit your form as soon as possible. (If sent by post, proof of posting is strongly recommended). Your appeal will take place within 30 school days of your form being received in the office.

You are entitled to receive notice of the date of your appeal hearing 10 school days in advance of the hearing date. However, you have the right to waive this period of notice where it suits your circumstances to do so. For example, where a school holiday (other than the summer holiday) would otherwise delay your appeal hearing, if you waive the period of notice then it may be possible to have your appeal hearing scheduled during the holiday period. If you wish to waive your rights to this notice, please tick the relevant box on your appeal form.

Please note that due to the length of the summer holiday appeal hearings are scheduled throughout this period.

You should include with your appeal form all the information you would like the Appeal Panel to consider. If supporting documents cannot be provided at this time, please ensure that they are submitted as soon as possible. This includes any supporting information (e.g. a doctors note or evidence of a house move).

It may be necessary to delay the hearing if supporting information is provided less than three working days before the hearing, which the panel considers may need further investigation or which the admission authority may need time to respond.

Please return your form to:

The School Admission Appeals Co-ordinator
School Admissions Team
County Hall
Taunton
Somerset
TA1 4DY

continued

The following will be useful when completing your form

Sibling details

Please include details of all siblings and identify any current provision at an early years setting, school, or sixth form.

Parent/Carer

The applicant must be a parent/carer of the child concerned, and have legal responsibility for the care and education of the child at the time of the appeal hearing, **or** a person who has been delegated responsibility to complete the form on behalf of a parent/carer.

Your home address

This will be the address to which all correspondence relating to your appeal hearing will be sent.

The child's home address

The home address that will be used for the preparation of technical information in connection with your appeal will be the address at which the child concerned lives, or subject to evidence will be living at the time the school place is expected to be required.

Changing address

The Appeal panel will seek proof of an intended house move. Normally a solicitors letter proving 'exchange of contract' or a fixed term rental agreement for a period of six months or more will be satisfactory.

Bullying

If the grounds for your appeal include issues regarding bullying at your child's current school, you should be aware that the Headteacher will be asked to comment. This information will then be made available to the Appeal Panel at the hearing.

Person(s) accompanying

You are entitled to bring a friend or adviser along to the hearing, this can be a locally elected politician, or an employee of the local education authority such as an educational social worker, SEN adviser or learning mentor.

You may also wish to consider using the Choice Advice Service.

However this person must not be a member of the Admissions Authority or an employee of the school in question.

Supporting information

You should provide as much information as you consider appropriate to substantiate your reasons for wanting a place at a particular school. You should complete **part 3** as fully as possible and if you require additional space, continue on a separate sheet.

You may also like to consider requesting a booklet that explains the school admission appeals procedure from the School Appeal Co-ordinator.

You can also request a copy of the legal position in relation to a school admissions appeal from the School Appeal Co-ordinator.

SCHOOL ADMISSION APPEAL FORM

FOR A PLACE AT A SOMERSET SCHOOL DURING THE ACADEMIC YEAR



1. Pupil Details:

Name	Date of Birth		Please ✓				
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Is your child –	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Male</td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> <tr> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Male	<input type="checkbox"/>						
Female	<input type="checkbox"/>						

Preferred School (A separate appeal form must be completed for each school you wish to appeal for)	Date on which place required
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Pupil's current school	OR	Previous school	Date last on roll
<input style="width: 95%;" type="text"/>	if not on roll:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Sibling Details:

Name	Date of Birth	Year Group	Please ✓	Current School	Or last School
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

2. Applicant's Details:

Title: Mr/Mrs/Miss/Dr/Other (please circle)					
Parent/Carer's Name(s)					
<input style="width: 95%;" type="text"/>					
	Please ✓				
Does this child currently reside with you?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>				
No	<input type="checkbox"/>				
Preferred contact telephone number	<input style="width: 95%;" type="text"/>				
E-mail address	<input style="width: 95%;" type="text"/>				

Your current address:
(All correspondence will be sent to this address)

Your child's address, if different:

House Name/No:	House Name/No:
Street:	Street:
Town:	Town:
Postcode:	Postcode:

How long has your child been resident at this address?	Date since
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Moving house? Please provide your new address below:

House Name/No:	Street:
Town:	Postcode:
If moving house, please enter 'exchange of contract' date or 'rental agreement' start date:	
<input style="width: 95%;" type="text"/>	

	Please circle	
Have you approached/visited your preferred school?	Yes	No
Have you appealed for a place at this school previously?	Yes	No

3. Parent/Carer Statement

Please enter any information you feel is relevant to support your appeal for a school place. Should you require more space, please continue on an additional sheet and enclose with this appeal form.

Are there any dates the appeal hearing should avoid?	
Are you intending to attend the appeal hearing? (we would encourage you to do so if you can)	
Please provide the name of anyone accompanying you to the hearing.	
Please state the role in which the above person is attending e.g. family member, friend , legal representative, Choice Adviser, Social Worker etc.	
Please help us to meet your needs by stating any requirements that you have for access into and around buildings, access to materials (e.g. print size) or access to spoken language (e.g. induction hearing loop, an interpreter).	

Please note I wish to waive my right to 10 school days notice of my hearing date. Please ✓

Choice Advice can offer impartial support and advice about admission appeals, please see the enclosed leaflet. For further information regarding this service please tick. Please ✓

I hereby confirm that I am the parent/carer of this child and/or have the parent/carer's permission to complete this appeal form.

Signed: _____

Date: _____